This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

8/27/2021

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT \$ ALLOCATION NUMBER Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	9950
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito West Holding LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	Zito Media - Johnsonburg PA	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	•		
Privacy Act Notice	: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Zito West Holding LLC	9950
	Instructions: List each separate community served by the cable system. A "cor	nmunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Johnsonburg Community TV	PA
Community	Johnsonburg Community TV	PA
Add Rows as Necessary	ากามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกา	

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM IC
Name	Zito West Holding LLC							010	995
Е	SECONDARY TRANSMISSION								
	In General: The information in s	-		-		-			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	<i>,</i> , ,	,		,				
Service: Sub-	Number of Subscribers: Both	•					,		
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rates	separately for the particular serv			•••		•		schargeu	
	Rate: Give the standard rate of	•						-	
	unit in which it is generally billed				/ standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				s of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					d in the count ur	ider "Serv	ice to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	tiers of services	s that inclu	de one or mor	e secon	dary transmissio	ons), list th	nem, together	
	with the number of subscribers a	and rates, in th	e right-han	d block. A two	- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		264	27.00					
	Service to first set		264	27.90					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSI	ONS: RATES					
F	In General: Space F calls for ra								
I	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•					• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the				6 11				
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) descrip	otion and inclu	de the rate	for each.					
		BLO	СК 1					BLOCK 2	
		1		RY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	RATE			ential				
	CATEGORY OF SERVICE Continuing Services:	RATE	Installatio	on: Non-resid					
		17.95	Installation • Motel,						
	Continuing Services:			hotel					
	Continuing Services: • Pay cable		• Motel,	hotel ercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Motel, • Comm • Pay ca	hotel ercial	nnel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	17.95	• Motel, • Comm • Pay ca • Pay ca • Fire pr	hotel ercial ible ible-add'l chai otection	nnel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		• Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	hotel ercial Ible Ible-add'l char otection r protection	nnel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.95	• Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	hotel ercial ible ible-add'l chai otection r protection vices:	nnel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.95	• Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon	hotel ercial able able-add'l chan otection r protection vices: nect	nnel	30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.95	 Motel, Comm Pay ca Pay ca Fire pr Burgla Other ser Recon Discor 	hotel ercial able able-add'I chan otection r protection vices: nect anect	nnel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.95	 Motel, Comm Pay ca Pay ca Fire pr Burgla Other ser Recon Discor Outlet 	hotel ercial able able-add'l chan otection r protection vices: nect		30.00 30.00 30.00			

	2021/1			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 9950				
	Zito West Holding LLC							
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1 : List each statior multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.03 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I (i a substitute basis. also in space I, if the station was carried in concerning substitute basis stations s's call sign. <i>Do not</i> report origination I with a station according to its over-th	<i>t</i> (1) stations carried only on a part-ti- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ostitute program .cog)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WATM	23	Ν	Altoona PA				
	WATM	23.3	l	Altoona PA				
ows as Necessary	WJAC	6.1	Ν	Johnstown PA				
	WKBS	47.1	I	Altoona PA				
	WPCW	19.1	l	Jeannette PA				
	WPSU	3.1	Ε	State College PA				
				Jotato Contogo : / t				
	WTAJ	10.1	N	Altoona PA				
		10.1 8.1						
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				
	WTAJ		N	Altoona PA				

Zito West Ho	OWNER OF C	JABLE S	TOTEM:					SYSTEM 99
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						·		
							·	

Accounting Perio							FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						9950
	SUBSTITUTE CARRIAG							
I		-	-			tion that you		4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer is	s "Yes " vouu	must complet	te the proc	
		, leave the		ge blank. If your answer is	5 163, you i	nusi compie	le lite prog	Jian
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ato lino. Lleo abbroviation	whorever p	ossible if the	ir moonin	a io
	clear. If you need more spa				s wherever p		ii meanin	y 15
	· ·			vision program ("substitute	e program") t	hat. during th	e account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			۵/ ۳ OU	(N.L. 11			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e ECC or	in
	the case of Mexican or Car						01 00 01,	
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	8:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far prog	romming that	t vour oveter		irod
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		your oyotonn n			o ana rogalat		
					<u>т</u>			1
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
					·			
						_		
							-	
						-		
					·			
						_		
						_		

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SI	/STEM ID# 9950
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	1,780.52 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito West Hold	DWNER OF CABLE SYSTEM: ling LLC			SYSTEM ID# 9950
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's t number of channels on which	total numb ch the cable s els n broadcas	t stations	8
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169		le number)	
	Email	(City, town, state, zip)		ia.com Fax (optional)	
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	ed, hereby certify that (Check of er other than corporation or p t of owner other than corpor- line 1 of space B and that the of er or partner) I am an officer (line 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)] Typed or printed Title:	one, but on partnershi ration or p owner is no (if a corpor d hereby da hy knowledg X Enter an Enter sign ed name: Presice	(ip) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as or eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith. /s/James Rigas electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	e B; or e system as identified wner of the cable system

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

by the West Hudging LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Selection of 1988 ammediad Tile 17, section 111(i)(1)(A), of the Copyright Act by adding the foliouing sentences. In determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. For once information on when to exclude these amounts, see the note on page (vii) of the general instructions (coate on the page (SA1-2 Gun, mage) (SA1-2 Gun, Mag	Dunting Period: 2021/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statistic Home Viewer Act of 1988 amended Title 17; section 111(d)(1)(A), of the Copyright Act by adding the following sectores and anounts codicted from subcribes receiving sectored are mainted to chall a sub- sectores and anounds codicted from subcribes receiving sectored are maintened to the cable system for the basic bicated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite diah owners? Note: N	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
The Stability Home Viewer Act of 1988 amended Title 17, section 1111(d)(1)(A), of the Copyright Act by adding the following sentence. P Indefermining the total number of subscribers and the gross amounts paid to the cable system for the basis or borx of privary bracemistics of privary bracemistics of privary bracemistics of privary bracemistics. P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. P During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? N No Imme Marre Maming Actress Marre Maming Actress Name Maming Actress 1% Variation of Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Imme Line 1 Enter the amount of late payment or underpayment. To For an explanation of interest rates and enter the sum here . . x 1% . . Line 3 Multiply line 2 by the number of days late and enter the sum here . . . x .000274 Line 3 Multip	o West Holding LLC	995
Mailing Address Mailing Address Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Q Line 1 Enter the amount of late payment or underpayment. x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - - - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing/interest-rate.pdf. For further assistance please list below the owner, address, first community served, ID number, and account ing period as given in the original filing. Owner Address -	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment and result of a late payment or underpayment are payment or underpayment. Image: Complete the late payment or underpayment are payment are payment or underpayment are payment are payment are payment are payment are payment are		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment. Image: Complete this worksheet for those royalty payments are payment or underpayment and result of a late payment or underpayment are payment or underpayment. Image: Complete the late payment or underpayment are payment are payment or underpayment are payment are payment are payment are payment are payment are		
Line 1 Enter the amount of late payment or underpayment. x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here	× 1%	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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